## Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis

<u>,                                    </u>	71 57	<u>.</u>	•	Ŝ	U UZF	С	E
ris	-		  	i.i	D	[:	28

JISTRICT OF MASS.

District Court	No.	4-CV-1986174
Appeal No.		

ν.

## Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.),

Signed:

## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 31410

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Average monthly amount during the past 12 months

You Spouse You Spouse Stock Stock

Income source	Average month the past 12 mo	hly amount during nths	Amount expec	ted next month
Gifts	You \$	Spouse \$	You \$	Spouse \$
Alimony	\$ <u> </u>	\$	\$	\$
Child support	s <u>U</u>	<b>\$</b>	<b>s</b>	\$
Retirement (such as social security, pensions, annuitie insurance	s	\$	\$	\$
Disability (such as social security, insurance paymer	\$ <u>\\delta\</u> nts)	\$	\$	\$
Unemployment payments	s	\$	\$	\$
Public-assistance (such as welfare)	s	\$	\$	\$
Other (specify):	_ \$ <u></u>	<b>\$</b>	\$	\$
Total Monthly income	: \$ <u>1676</u>	<u>s 4666</u>	s 1650	s_4000
2. List your employment he other deductions)  Employer	Address	Dates of Emp	loyment Gros	s monthly pay
	Newporthy	, MÀ)		
3. List your spouses's empt taxes or other deductions)	loyment history, m	ost recent employer j	first. (Gross mon	thly pay is before
Employer A	Address 185 Evanct Bosun MP	Dates of Emp	loyment Gross topicsed w	s monthly pay
<del></del>			·	

titution.	u or your spouse ha	ve in bank acco	unts or in any other	financial
	ype of Account	Amount you	have Amount ve	our spoușe ha
Steet O	100(240y	s_ <i>X</i>	•	100.CC)
	<u> </u>	\$		
		\$	\$	· <del>-</del>
	4 -441	400 11 41		
u are a prisoner, you mus ⁄ing all receipts, expenditı	t attach a statement ires, and balances d	certified by the uring the last six	appropriate institu months in your in	tional officer
ants. If you have multiple	accounts, perhaps	because you hav	e been in multiple i	nstitutions,
h one certified statement	of each account.		_	
ist the assets, and their val	ues, which you or you	ur spouse owns.	Do not list clothing	and ordinary
sehold furnishings.				
	e) Other real estat	te (Value)	Motor Vehicle #1	(Value)
15c 500,000		· · · · · · · · · · · · · · · · · · ·	Make & year: <u>(h)</u>	
whitewood Cuch	1		Model: Chevy	25xx
nesbury m A			Registration#:	
or Vehicle #2 (Valu	e) Other assets	(Value)	Other assets	(Value)
e & year: <u>LEHE</u>		•		( ',
stration#:				
stration#:				
istration#:				
istration#:  State every person, business, wed.			oouse money, and th	e amount
tate every person, business, wed.	or organization owin	ng you or your sp		
ate every person, business, ved. rson owing you or your		ng you or your sp	oouse money, and th Amount owed to y	
ate every person, business, ved. son owing you or your	or organization owin	ng you or your sp		
rate every person, business, wed. rson owing you or your	or organization owin	ng you or your sp o you		
tate every person, business, wed. rson owing you or your	or organization owin	ng you or your sp o you		
tate every person, business,	or organization owin	ng you or your sp o you		
tate every person, business, wed. rson owing you or your	or organization owin	ng you or your sp o you		
ate every person, business, wed. rson owing you or your ouse money	or organization owin	ng you or your sp		
ate every person, business, ved. rson owing you or your	or organization owin	ng you or your sp o you for support.		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	<b>\$</b>	<u>\$_</u> 3 (`∪_
Are any real estate taxes included? □ Yes □ No		
Is property insurance included?   Yes  No		
15 property invaluate included.		e
Utilities (electricity, heating fuel, water, sewer, and	\$	\$ 100
Telephone)	<del></del>	
Home maintenance (repairs and upkeep)	<b>\$</b>	\$
	. C	
Food	s No	\$
C3 41'		er.
Clothing	5_500_	<b>\$</b>
Laundry and dry-cleaning	\$	\$
Daundry and dry-cicaning	<b>5</b>	Φ
Medical and dental expenses	s 100	\$
Transportation (not including motor vehicle payments)	\$	S SOO
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in	<b>\$</b>	\$
Mortgage payments)		
Homeowner's or renter's	<b>C</b>	s 70
riomeowner's or renter's	\$	3 <u>10</u>
Life	\$	s 50
	<u> </u>	Ψ
Health	\$	\$
		.65 .77 .47 7
Motor Vehicle	\$	8 <u>4 SXX</u>
Other:	<b>\$</b>	\$
Tames (madded and all forms are and all all ded by	<b>c</b>	Φ
Taxes (not deducted from wages or included in Mortgage payments)(specify):	\$	\$
wiortgage payments)(specify):		
Installment payments		\$
The state of the s		\$
Motor Vehicle	s 551	s ~210
1 22/01/1		20 X (N
Credit card (name): $\frac{\sum S C_1(C_1)_{V^1} \setminus \sum C_2(C_2)_{V^2} \setminus C_2(C_2)_{V^2} \setminus \sum C_2(C_2)_{V^2} \setminus \sum C_2(C_2)_{V^2} \setminus $	<b>\$</b>	s 300
Department store (name): Sa	r.	60)
Department store (name): 🔾 🛴 ( 🛰	3	3

13.State the adaress of	your legal	residence.		
HMOSIXIM	mA	01913		
Your daytime phone	ıumber: (ˈ	978) 388	4405	
Your age: 3	You	r years of sch	ooling: 🔼	